## **CONSENT TO RELEASE INFORMATION FROM THE Child Protective Services System Central Registry**

I,	hereby give my consent to have the Department of Human
Services (DHS) conduct a child welf on me and to release the information	hereby give my consent to have the Department of Humar are services Child Protective Services System Central Registry checito:
Name of Individual or Organizatio	n:
Relationship:	
Address:	
	from the date of my signature below. I understand that the hall be used solely for the purpose of conducting the Child Protectiveck.
My Date of Birth:	My Social Security Number:
	be limited to the history of abuse or neglect in which I was identified
as a perpetrator and as specified belo	
<b>Child Protective Services System C</b>	•
Date of CONFIRMED incide	•
Type of abuse for each incide	
employment purposes and to comply	information may be used as part of a background check for with the requirements for various social services programs within which may result in employment suspension or termination.
Signature	Date

Mail the original consent form to: Department of Human Services, Child Welfare Services Branch, Statewide Child Welfare Services Section, 420 Waiakamilo Road, Suite 300A, Honolulu, Hawaii 96817. Faxes will not be accepted.